

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> DOCK SEAFOOD NEW ALBANY INC	<b>Telephone Number</b> Est 812-944-3968 Own 502-475-3968	<b>Date of Inspection</b> 03/01/2022	<b>ID#</b>		
<b>Address</b> 1125 STATE ST, NEW ALBANY IN 47150					
<b>Owner</b> WILL KRAMER	<b>Purpose</b> <u>    </u> Routine <u> X </u> Follow-up <u>    </u> Complaint <u>    </u> Pre-Operational <u>    </u> Temporary <u>    </u> HACCP <u>    </u> Other (list)	<b>Follow Up</b>	<b>Released</b> 03/10/2022		
<b>Owner's Address</b> 107 W. LYNNWOOD DRIVE CLARKSVILLE, IN 47129		<b>Menu Type</b> 1 <u>  </u> 2 <u>  </u> 3 <u> X </u> 4 <u>  </u> 5 <u>  </u>			
<b>Person in Charge</b> WILL KRAMER / KAREN COLLINS					
<b>Responsible Person's Email</b>					
<b>Certified Food Handler</b> SANDRA ROCKEY					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C <u>    </u> NC <u>    </u> R <u>    </u>					
Received by (name and title printed):			Inspected by (name and title printed): Thomas Snider CFS		
Received by (signature):			Inspected by (signature): <i>Thomas Snider</i>		
cc:		cc:		cc:	